

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF TEXAS
MIDLAND DIVISION**

**BRIAN WALKER, JASON WALKER,
RAYTONIO MOORE, AND ALL
OTHERS SIMILARLY SITUATED
UNDER 29 USC § 216(B),**

Plaintiffs,

v.

**BYRD OILFIELD SERVICES, LLC,
MIKE BYRD MANAGEMENT, LLC,
BPU AVIATION, LLC, KAY HIGHT,
MIKE BYRD, AND CARY EPLEY,**

Defendants.

Civil Action No. 7:16-cv-00311-RAJ-DC

NOTICE OF CONSENT TO BE A PARTY PLAINTIFF

Fair Labor Standards Act of 1938, 29 U.S.C. 216(b)

I hereby consent to be a party plaintiff seeking unpaid wages and overtime pay in the case in which this consent is filed. By joining this lawsuit, I designate the named plaintiff(s) in which this consent is filed, and his/her attorneys (and other persons those individuals designate as necessary) as my representatives to make all decisions on my behalf, to the extent permitted by law, concerning the method and manner of conducting the case including settlement, the entering of an agreement with Plaintiff's counsel regarding payment of attorneys' fees and court costs, and all other matters pertaining to this lawsuit. I further acknowledge that I intend for this consent to be filed in order to recover overtime wages against my current/former employer whether in this action or in any subsequent action that may be filed on my behalf for such recovery, and this consent may be used in this case or in any subsequent case as necessary. For purposes of pursuing my unpaid wage and overtime claims I choose to be represented by Lee & Braziel, LLP, the Siegel Law Group PLLC, and other attorneys with whom they may associate.

Date: _____

Signature: _____

Printed Name: _____

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

This information will NOT be made part of any public record and is necessary for your attorney's files for litigation and possible settlement purposes.

Name: _____

Any other Name(s) used or known by:

Dates of Employment with Company: Beg: _____

End: _____

Estimated Monthly Compensation: _____

Your Mailing Address: _____

City, State & Zip Code: _____

Social Security No. (last 4 digits ok): _____

Daytime Telephone: _____

Evening Telephone: _____

Cellular Telephone: _____

E-Mail Address: _____

Return this form to: Byrd Oilfield Overtime Lawsuit
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